

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS MR FIRST Jack MI B  
NICKNAME LAST SUFFIX  
Lamberth

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
108 Turner Lane, Floresville, TX 78114

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(210) 551-3656

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS MR FIRST Jack MI B  
NICKNAME LAST SUFFIX  
Lamberth

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
108 Turner Lane Floresville TX 78114

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(210) 551-3656

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
2 / 12 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
2 / 12 / 2025 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Floresville City Council Place 3

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 871.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 871.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

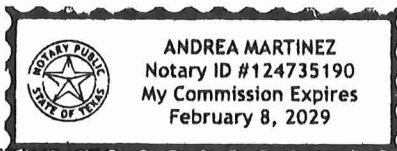
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Jake Lamberth*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jake Lamberth this the 26<sup>th</sup> day of March, 2025, to certify which, witness my hand and seal of office.

Andrea Martinez Andrea Martinez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4:	<b>2 FILER NAME</b> <u>Jack B. Lambeth</u>		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution <u>Citi Card</u>		
<b>6 PAYMENT</b>	(a) Amount Charged \$ <u>85.52</u>	(b) Date Expenditure Charged <u>2-22-2025</u>	(c) Date(s) Credit Card Issuer Paid
<b>7 PAYEE</b>	(a) Payee name <u>UPS Store</u>	(b) Payee address; <u>2310th Street</u> City, <u>Flowersville, Tx.</u> State, Zip Code <u>78114</u>	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Cards / Post Cards</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office Sought _____ Office Held _____		
<b>PAYMENT</b>	(a) Amount Charged \$ <u>270.63</u>	(b) Date Expenditure Charged <u>3-22-2025</u>	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name <u>Frontier Focus Photography</u>	(b) Payee address; _____ City, _____ State, Zip Code _____	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Photo/ Head Shots</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office Sought _____ Office Held _____		
<b>PAYMENT</b>	(a) Amount Charged \$ <u>515.50</u>	(b) Date Expenditure Charged <u>2-28-25</u>	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name <u>Vista Print</u>	(b) Payee address; _____ City, _____ State, Zip Code _____	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Cards / Door Hangers</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office Sought _____ Office Held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

The UPS Store #5178  
923 10th St Ste 101  
Floresville, TX 78114-1866  
830-393-9090

Terminal..... P0551788 Date.: 2/22/2025  
Employee..... 140696 Time.: 11:59 AM  
Cashier's Name Oscar  
COPY

ITEM NAME	QTY	PRICE	TOTAL
Copies			\$40.00
Tax	80 @	\$0.50	
Cardstock			\$3.30
Tax	40 @	\$0.35	
Miscellaneous taxable			\$1.16
Tax	1 @	\$25.00	
			\$25.00
			\$2.66
Subtotal			\$79.00
Shipping/Other Charges			\$0.00
Total tax			\$6.52
Total			\$85.52
Cards			\$85.52

Items Designated NR are NOT eligible  
for Returns, Refunds or Exchanges.

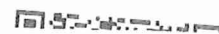
US Postal Rates are Subject to Surcharge.



View the UPS Store, Inc.'s privacy notice at  
<https://www.theupsstore.com/privacy-policy>

Win a \$250 gift card

Tell us how we're doing for your chance to win a  
\$250 Amazon.com® Gift Card, a \$100 Amazon.com®  
Gift Card, or a \$50 Amazon.com® Gift Card each month.  
Scan the QR code or go to the link to take the survey.







## Receipt from Frontier Focus Photography

↓ Download PDF

INVOICE

**1076**

AMOUNT

**\$270.63**

RECEIPT NO.

**10564196**

DATE

**February 22, 2025**

PAYMENT METHOD

**\*\*\*\* 2006**

SUMMARY

Headshot Package x 1	\$250.00
Subtotal	\$250.00
Sales Tax (8.25%)	\$20.63
Total	\$270.63
<b>Amount Paid</b>	<b>\$270.63</b>

Powered by P I X I E S E T





[Back to history](#)

# Order details

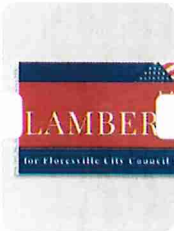
kmbelair2011@gmail.com

Order #: VP\_DV5808V3

Order date: February 28th 2025

Shipping method	Shipping address	Billing address	Payment method
Rush Estimated arrival Mar 4th - Mar 5th	Allison Lamberth 4737 State Highway 97 E Floresville, Texas 78114-3704 United States of America 9562866709	Allison Lamberth 4737 State Highway 97 E Floresville, Texas 78114-3704 United States of America 9562866709	Mastercard **** 8849 \$515.56

## Items



Standard Business Cards  
Quantity: 1000

Delivered: Tuesday, Mar 4  
[View details](#)

### Order summary

Subtotal	\$587.96
<a href="#">Savings</a>	-\$169.12
Shipping: Rush	\$62.99
Tax	\$33.73
Total paid	\$515.56

#### Selected options

Item total ~~\$79.99~~ \$56.79  
[You saved \\$14.20](#)

[Write a review](#)



Standard Postcards  
Quantity: 500

Delivered: Tuesday, Mar 4  
[View details](#)

#### Selected options

Item total ~~\$169.99~~ \$103.03  
[You saved \\$57.96](#)

[Write a review](#)



Standard Postcards  
Quantity: 500

Delivered: Tuesday, Mar 4  
[View details](#)



Selected options

Item total

~~\$160.00~~ **\$103.03**  
You saved \$57.96

[Write a review](#)



Door Hangers  
Quantity: 500

**Delivered:** Tuesday, Mar 4  
[View details](#)

Selected options

Item total

~~\$194.99~~ **\$155.99**  
You saved \$39.00

[Write a review](#)

